

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Title:: Adjustable Nasal Mask
Attorney Docket Number:: 1-25084
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 15
Small Entity?:: No
Petition Included?:: No

Inventor Information

Applicant Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Allan
Middle Name:: R.
Family Name:: Jones
Name Suffix:: Jr.
City Residence:: Derry
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of Mailing Address:: R.D. #1 Box 330
City of Mailing Address:: Derry
State or Province of Mailing Address:: Pennsylvania
Country of Mailing Address:: US
Postal or Zip Code:: 15627
Applicant Type:: Inventor
Primary Citizenship Country:: United States
Status:: Full Capacity
Given Name:: Nicholas
Middle Name:: J.
Family Name:: Macmillan
City Residence:: Greensburg
State or Province of Residence:: Pennsylvania
Country of Residence:: US
Street of Mailing Address:: 106 Pinehurst Lane
City of Mailing Address:: Greensburg
State or Province of Mailing Address:: Pennsylvania

Country of Mailing Address:: US
 Postal or Zip Code:: 15601
 Applicant Type:: Inventor
 Primary Citizenship Country:: United States
 Status:: Full Capacity
 Given Name:: Terry
 Middle Name:: M.
 Family Name:: Birchler
 City Residence:: New Albany
 State or Province of Residence:: Ohio
 Country of Residence:: US
 Street of Mailing Address:: 1688 Harrison Pond Drive
 City of Mailing Address:: New Albany
 State or Province of Mailing Address:: Ohio
 Country of Mailing Address:: US
 Postal or Zip Code:: 43504

Correspondence Information

Correspondence Customer Number:: 4859

Representative Information

Representative Customer Number:: 4859

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	An application claiming the benefit under 35USC 119 (e)	60/451,113	02/28/03

Assignee Information

Assignee name:: Sunrise Medical HHG Inc.
 Street of Mailing address:: 7477 East Dry Creek Parkway
 City of mailing address:: Longmont
 State or Province of mailing address:: Colorado
 Country of mailing address:: US
 Postal or Zip Code of mailing address:: 80502